

**RECEIVED
CENTRAL FAX CENTER**

DEC 20 2005

Official Communication
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: Thomas Frederick Hafer Docket No.: 123-001
 Application No.: 10/685,646 Date: December 19, 2005
 Filing Date: October 15, 2003 Group Art Unit: 3618
 Title: Ice Carver Ski Examiner: Brian L. Swenson

**Amendment Under 37 CFR 1.111
Amendment A**

Commissioner for Patents
 PO Box 1450
 Alexandria, VA 22313-1450

Sir:

This is in response to the office action dated September 29, 2005. A fee for additional claims is due by virtue of this response. A fee sheet and credit card payment form are attached.

12/21/2005 TL0111 00000033 10685646

01 FC:2201	100.00 OP
02 FC:2202	25.00 OP

CERTIFICATE OF MAILING

I hereby certify that, on the date shown below, this correspondence is being:

MAIL

deposited with the United States Postal Service
 with sufficient postage as express mail in an
 envelope addressed to:
 Commissioner for Patents
 PO Box 1450
 Alexandria VA, 22313-1450

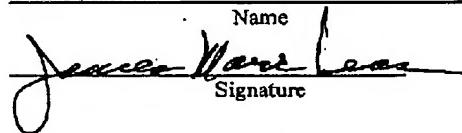
Date: 12/20/05

FACSIMILE

transmitted by facsimile to the Patent and
 Trademark Office.

James Marc Leas

Name


 Signature

123-001

Page 1 of 8

10/685,646

Dec 20 2005 1:31PM

Law Office of James Marc

802 864-9319

RECEIVED
CENTRAL FAX CENTER

DEC 20 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
FEE TRANSMITTAL
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
125

Complete If Known

Application Number	<i>10/685,646</i>
Filing Date	<i>10/15/2003</i>
First Named Inventor	<i>Hater</i>
Examiner Name	<i>Brian L. Sunderson</i>
Art Unit	<i>3618</i>
Attorney Docket No.	<i>123-001</i>

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: _____	Deposit Account Name: _____		

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>
				<u>Fee (\$)</u>
- 20 or HP =	1	x 25	= 25	50 25
HP = highest number of total claims paid for, if greater than 20.				200 100
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
- 3 or HP =	1	x 100	= 100	<u>Fee (\$)</u>
HP = highest number of independent claims paid for, if greater than 3.				<u>Fee Paid (\$)</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<i>James Marc</i>	Registration No. (Attorney/Agent)	<i>34-372</i>	Telephone	<i>802 864 1575</i>
Name (Print/Type)	<i>James Marc</i>	Date	<i>12/19/05</i>		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.